

I. Adult — Report summary of areas identified in the prior FY's approved Plan as needing improvement

The narrative below discusses strategies implemented during FY11 to address areas of need identified in “Section II: Identification and Analysis of the Service System’s Strengths, Needs, and Priorities” of the 2011 Tennessee Community Mental Health Services Block Grant Plan.

Preservation of the Behavioral Health Safety Net and Crisis Stabilization Units

- The Behavioral Health Safety Net (BHSN) was designed to meet basic medication and treatment needs of uninsured persons who meet eligibility criteria. These core mental health services include: assessment, evaluation, diagnostic, therapeutic intervention, case management, pharmacologic management, labs related to medication management, and pharmacy assistance and coordination. TDMH partners with 18 community mental health agencies (CMHAs) across the state to provide these “safety net” services.

In FY11, over 32,000 individuals received services through the BHSN program. The top three services utilized were case management, pharmacologic management, and psychotherapy. In the absence of BHSN outpatient services, these individuals would most likely have to access more expensive and restrictive inpatient services at the state-operated RMHs. Preserving this program is sound state and fiscal policy.

- Tennessee currently operates seven crisis stabilization units located in Chattanooga, Cookeville, Nashville, Memphis, Jackson, Knoxville, and Johnson City. This service provides short term crisis resolution services to individuals ages 18 years of age and older who are in need of behavioral health crisis services and are at risk of requiring emergency hospitalization. CSU’s offer intensive, 24-hour mental health treatment and stabilization. In addition, these facilities offer 24/7 walk-in triage capability which have proven most beneficial in keeping individuals out of Tennessee’s emergency departments and jails unnecessarily. More than 20,000 individuals have been triaged and linked to services.

Between July 1, 2010 and June 30, 2011, 8,551 individuals ages 18 and over were admitted for a short term stay at one of the seven crisis stabilization units rather than admitted to a hospital. Approximately 65% of all individuals served in the CSUs were uninsured. Additionally, 20,629 individuals were served through the walk-in triage centers associated with each CSU.

In FY11, TDMH’s Crisis Services investigated a number of funding opportunities to ensure continuation of CSU services for all populations, including the uninsured. Opportunities explored included meeting with representatives from the Tennessee Hospital Association (THA) to discuss potential funding contributions for the CSUs and walk-in centers; attempting collaboration with TeamHealth; and initiating a payment disparities analysis that upon completion will restructure payment

methodologies to eliminate disparities across the State. Despite these efforts, CSUs will be sustained in FY12 primarily through the use of State dollars; however, services will once again be in jeopardy for FY13 due to the loss of non-recurring dollars.

Also in FY11, TDMH's Crisis Services collaborated with TennCare to guarantee continued support for crisis services. Together, Crisis Services and TennCare worked to ensure system efficiencies were identified and initiated in a manner that results in the most appropriate and expeditious outcome for the individual seeking services.

In addition, TDMH began a top to bottom review of crisis service delivery models in FY11 and will be initiating changes in FY12 to ensure State dollars are used in the most efficient and effective manner possible.

Restoration and continuation of Peer Support Centers and other peer supported recovery funding

- As a result of current revenue shortfalls in Tennessee, TDMH was faced with a substantial budget reduction in FY11. As a result, funding for peer support centers was cut but later restored after a reinvestment in non-recurring funds. In addition, transportation funds were added to the Peer Support Centers participating in the "My Health, My Choice, My Life" program. Olmstead funds were used to purchase ten WRAP books for each Peer Support Center. DADAS also funds three addictions recovery support centers. The FY11 budget, however, leaves the Department's funding in a vulnerable position. A significant amount of the community mental health services budget is not funded on a recurring basis. As the economy improves, TDMH will focus on restoring permanent funding to peer support recovery programs.

Expansion of continuum of care services for the uninsured

TDMH's ability to ensure availability of services and supports for uninsured and underinsured persons is limited due to lack of sufficient funding streams, leaving many persons in the State with limited access to timely, appropriate care in the most appropriate environment. Changes in TennCare eligibility and TennCare disenrollment are among the challenges in adequately funding the State's public mental health system. The continuum of care for uninsured Tennesseans includes outpatient services, medication assistance, crisis services, detoxification services, and inpatient services at the RMHIs.

- Outpatient Services – In 2005, major TennCare reforms presented the mental health system with the new challenge of serving a large influx of uninsured persons when the funding previously used for them had been incorporated into the TennCare global budget. The result was the now-called BHSN that was funded by the State to provide a limited range of core vital services to persons with SMI who were removed from TennCare eligibility. TDMH partnered with CMHAs to provide these "safety net" services.

The BHSN has addressed a critical need quite successfully, although gaps for an increasing number of Tennesseans without insurance coverage experiencing mild to severe mental illness remain. Today, the program's budget has doubled and serves over 32,000 individuals per year. In FY11, the program's budget totaled \$22 million, an increase of \$500,000 from the previous fiscal year. The number of enrollees increased to over 32,000 individuals, an increase of 616 from FY10. In the absence of BHSN outpatient services, these individuals would most likely have to access more expensive and restrictive inpatient services at the State-operated RMHIs.

- **Crisis Services** – To assist persons when a behavioral health crisis occurs, Tennessee has a 24/7 crisis system. The crisis system includes a continuum of services that divert individuals when clinically appropriate from more restrictive levels of care. The continuum of diversion services includes referrals to outpatient behavioral health service providers, crisis respite, detoxification, or a Crisis Stabilization Unit (CSU).

As with all crisis services, CSU services are available to anyone in Tennessee regardless of their ability to pay. TDMH funds capacity for uninsured individuals and monitors services rendered to individuals who meet the admission criteria to a CSU. In FY11, approximately 65% of all individuals served in CSUs were uninsured.

- **Medically-Monitored Crisis Detoxification (MMCD) Units** – TDMH contracts with five agencies for MMCD services. These units provide short-term alcohol and drug detoxification services. The units are cost effective because they offer intensive 24-hour evaluation and withdrawal management, including observation, monitoring, and treatment, in a less restrictive setting than a hospital. The units are clinically effective as MMCD providers refer their patients upon discharge to treatment providers and follow-up to ensure that individuals maintain their scheduled appointments and continue in substance abuse treatment.

MMCD services have significantly improved access to care for uninsured individuals in need of detoxification services and have reduced hospital admissions, emergency department services, and criminal justice involvement.

- **Inpatient Services** – The majority of RMHI admissions are uninsured individuals. Thus, funding support for indigent in-patient care is an ongoing concern. In FY11, Tennessee's General Assembly amended the budget to include an additional \$1.9 million in grant funds for uninsured inpatient mental health services at several private psychiatric hospitals in East Tennessee. These funds will allow private hospitals to continue to serve many uninsured residents closer to their homes and families.
- **Health Insurance Options** – CoverTennessee initiatives provide health care coverage and medication assistance for uninsured citizens who may need behavioral health services but are not eligible for TennCare. The following are the four health

programs: (1) CoverTennessee is a limited-benefit health insurance plan that provides low-cost coverage for basic medical services. (2) CoverKids provides free, comprehensive health coverage for qualifying children 18 and younger. (3) CoverRx is a pharmacy assistance program designed to assist those who have no pharmacy coverage but have a critical need for medication. (4) AccessTN provides comprehensive health insurance for Tennesseans who are uninsurable due to pre-existing medical conditions.

Integration of behavioral health and primary care

- TennCare utilizes a “carve-in” model, requiring Tennessee’s three Managed Care Organizations (MCOs) to provide both medical and behavioral health services to beneficiaries, thereby promoting integrated care. Each MCO has their own method of providing integrated services, and each is currently working on a health care home model to more effectively ensure integration. This carved-in system promotes a holistic approach to health care with one comprehensive individualized plan of care and consistency in both a “medical home” for the individual and a single point of care management.

The integrated model of service contracting, which includes both physical and mental health components within a single MCO contract, continues to be implemented by TennCare and TDMH throughout the state. This model presents the department with opportunities to improve the health and mental health of TennCare enrollees. TDMH continues to evaluate the effectiveness of the integrated contracting and delivery model to ensure positive outcomes on behavioral health measures.

II. Adult — Report summary of the most significant events that impacted the Tennessee mental health system in the previous fiscal year

State Budget Reductions

- For the second year in a row, the Tennessee Department of Mental Health (TDMH) was asked to reduce its budget for FY11 by a significant amount. After examining current programs and services, TDMH decided to focus on preserving services and programs that target the Department's high priority populations and programs with a significant impact on reducing psychiatric hospitalization. Reductions included reduced overall bed capacity and staff cuts at the Regional Mental Health Institutes (RMHIs), policy and program staff cuts at Central Office, and cuts to community program grants. Non-recurring funding add-backs in the amount of \$12.6 million temporarily mitigated the reductions for FY11, and the approved budget reflected a 4% reduction in recurring discretionary State dollars.

The FY11 budget placed TDMH in a challenging position since a substantial amount of its budget for services for mental health and substance abuse services remain funded on a temporary, non-recurring basis. The Department continues to make every effort to find ways to conserve, reallocate, and augment existing funding while working to ensure continuation of important basic mental health and substance abuse treatment services.

As TDMH enters FY12, its major challenge will remain the current financial constraints facing most States that continue to restrict hiring of new staff, stabilization or expansion of existing services, and funding of new initiatives.

Government Organization & Legislation

- On January 15, 2011, the Tennessee Department of Mental Health and Developmental Disabilities became known as the Tennessee Department of Mental Health (TDMH) after responsibility for planning and service provision for persons with developmental disabilities was transferred to the newly created Department of Intellectual and Developmental Disabilities (DIDD). DIDD now serves as the State's developmental disability authority with responsibility to coordinate, set standards for, plan, monitor, and promote the development and provision of services and supports to meet the needs of persons with intellectual and developmental disabilities.
- Under a newly appointed Commissioner, the Department reorganized in FY11 to increase efficiency and effectiveness. The Division of Planning, Research, and Forensics (DPRF) was created and combined the Department's planning and research staff to offer decision support through research, data collection and analysis, and program evaluation. DPRF supports mandated planning and policy responsibilities by working with planning and program staff to develop special initiatives. The Planning Office developed a Three Year Plan that is inclusive of all

department services, i.e., community mental health, community substance abuse, and inpatient services.

Other department changes included the elimination of the Division of Special Populations, which had focused on services and supports for children, minorities, and older adults. These services and supports were folded into the Division of Mental Health Services (DMHS), previously known as the Division of Recovery Services and Planning.

Also, TDMH's Division of Alcohol and Drug Abuse Services (DADAS) restructured its functions and created the Office of Criminal Justice Programs. Driving Under the Influence (DUI) Schools were transferred from the Office of Highway Safety to DADAS, and the Division undertook the project to standardize the curriculum. As of February 1, 2011, all licensed DUI Schools must use the evidence-based Prevention Research Institute's *Prime for Life* curriculum.

- TDMH underwent a top to bottom review to identify services that could be delivered to Tennesseans more efficiently and effectively. Hamilton County was the only area of the State that had two crisis providers serving a single county, which often had led to confusion for individuals seeking services. Thus, TDMH selected a single crisis provider in Hamilton County. The Department expects this change to result in streamlined access to care and service delivery consistency for the citizens of Hamilton County. This change became effective July 1, 2011.
- In FY11, the newly elected administration formed multiple sub-cabinets, composed of commissioners from different agencies, to target specific issues across all State agencies. TDMH is very active in the ongoing public safety sub-cabinet working group, which is developing a statewide plan to tackle several public safety concerns, including prescription drug abuse. TDMH's commissioner is also a member of the human supports sub-cabinet.
- SJR 200 directed the Department of Mental Health to study issues relating to assisted outpatient treatment and to report to legislative committees by January 15, 2012. In FY11, TDMH's research team formed a study committee to look at this issue and its research is proceeding.

Programs & Services

- Through a joint effort between DADAS and the Board of Probation and Parole (BOPP), the Community Treatment Collaborative (CTC) was created in FY11 to divert at-risk probation and parole technical violators with substance abuse and co-occurring disorders from returning to state prison. In FY11, the CTC diverted 3,827 individuals who would have otherwise been reincarcerated due to a technical violation.

- Mobile crisis services provide assessment and referral services for individuals at a location within their community, utilizing natural supports whenever possible. Between July 1, 2010 and May 31, 2011, mobile crisis served a total of 102,016 adults and children, with 52,029 of those requiring face to face assessment. Through partnering with the managed care companies, payment authorization processes during a crisis situation have been minimized and streamlined to decrease the time involved in referrals for care for TennCare members.

In February 2011, the statewide toll free crisis line was changed to a number that is more likely to be recalled by individuals in crisis. The new number, 1-855-CRISIS-1 (274-7471) replaced the old toll free number as the new number was publicized and its utilization increased across the State.

Through workgroup efforts led by TDMH and the Bureau of TennCare, a standardized assessment for use in mobile crisis was developed and implemented statewide on July 1, 2011. This tool is a modified version of the Adult Needs and Strengths Assessment (ANSA) tool developed by Dr. John Lyons and provides a valid and reliable method for making treatment decisions. Such standardization will assist in the development of best practices and improve overall consistency in outcomes for individuals in crisis.

Grant Awards

- In October 2010, TDMH was awarded \$3.6 million from the Substance Abuse Mental Health Services Administration (SAMHSA) to address significant health disparities experienced by Tennesseans with mental illness, substance use disorders, and co-occurring disorders. The grant works to transform TDMH's recovery service infrastructure by integrating a physical health focus into existing behavioral health recovery services. The "My Health, My Choice, My Life" program will be offered in communities throughout the state and deliver education, motivation and support. Participants work through a peer-led health, wellness, and chronic disease prevention and self management program to improve their whole health and extend their lifespan. Program consumers participate in prevention and self-management of chronic illnesses by addressing exercise, nutrition, weight, sleep management, tobacco use, and appropriate medication use. The program anticipates serving approximately 2,352 individuals over the next five years.
- In January 2011, TDMH, in collaboration with the Tennessee Department of Corrections (TDOC) and the Board of Probation (BOPP), received a \$600,000 grant from the U.S. Bureau of Justice Assistance to reduce recidivism among incarcerated women with co-occurring mental health and substance use disorders. Integrated Recovery Integrated Services (IRIS) works with community behavioral health and recovery service providers to help adult females currently incarcerated in the Tennessee Prison for Women successfully transition back into the community. Services begin four to six months prior to release and continue four to six months

after release. Services include intensive and comprehensive clinical treatment, recovery support, transition planning, and case management services.

Developments in Technology

- On July 6, 2010, TDMH launched the RMHI Telemedicine Pilot Project with Western Mental Health Institute to assess the feasibility of using telemedicine for second Certificate of Need (CON) evaluations. The project's goal was to expedite the assessment process, avoid the unnecessary transportation to RMHIs of individuals who do not meet criteria for emergency involuntary admission, and eliminate the current assessment wait time for law enforcement upon arrival at an RMHI.

This pilot project proved so advantageous that the program will expand to all five State-operated RMHIs in FY12. Additionally, TDMH's leadership is now considering telemedicine to increase access to crisis services, intensive outpatient services, and case management across the State, particularly in rural areas.

- TDMH is challenged with building a data infrastructure to meet all federal and state mandates to gather data necessary to carry out duties related to planning, assessment, standard setting, evaluation, and development of services and supports for current and potential service recipients. Currently, a significant portion of TDMH service system planning relies on extrapolating national prevalence data and other policy and evidence-based research.

In FY11, two projects began that have the potential to provide TDMH more detailed system data. The Tennessee Association of Mental Health Organizations (TAMHO), the statewide trade group for CMHAs, began collecting client-level information on services delivered at CMHAs across the state. TAMHO has agreed to allow TMDH limited access to the database. Also in FY11, a newly developed State-planned and operated All-Payer-Claims Database was developed by the State Planning Office. All insurers that operate in Tennessee must report claims data; thus, the database is envisioned as a vehicle for supporting and determining needs for public health services related to policy making. At the close of FY11, TDMH was in contract negotiations with TAMHO regarding data sharing and in the process of developing a Memorandum of Understanding (MOU) between TDMH and the State Planning Office.

Natural Disasters

- Due to the worst flood ever recorded in Tennessee's history, SAMHSA awarded TDMH a \$380,265 grant to provide immediate crisis counseling to individuals impacted by the May 2010 flood. TDMH worked with five CMHAs in Middle and West Tennessee to offer individual and group crisis counseling, public education, community networking and support, and both adult and child needs assessments and referrals.

Due to the effects of Post Traumatic Stress Syndrome, along with concern of flood-related suicides, Tennessee's federal partners granted the state a no cost extension through August 2010 to continue efforts to mitigate the effects of the May 2010 flood. In September 2010, TDMH received a \$2.1 million grant from SAMHSA to continue providing mental health outreach, counseling, and educational services to individuals impacted by the severe storms, historic flooding, and tornados. By the end of FY11, the Tennessee Recovery Project had made over 58,000 contacts with survivors and distributed 109,639 pieces of material on flood recovery.

- Tennesseans suffered two additional natural disasters—tornados in the east and flooding in the west—during FY11. Tennessee received two additional recovery grants for those communities in East and West Tennessee affected by natural disasters in the spring of 2011. East Tennessee received \$195,570, and West Tennessee received \$114,108.

Other Transformation Activities during FY11

Reducing Stigma and Discrimination

- TDMH continues the “Overcoming Stigma Campaign” to spread positive messages regarding resiliency and recovery with a focus on the arts. In FY11, the Department co-sponsored the 6th Annual Art for Awareness, a program that gives individuals recovering from mental illnesses a chance to showcase and talk about their art. This event provides a great opportunity to share artwork and stories of recovery and resiliency by persons in recovery from mental illness and substance abuse. Reducing stigma and increasing knowledge regarding resiliency and recovery remains an important focus of TDMH and its Planning and Policy Council.

Suicide Prevention Activities

- Through participation in Fort Campbell Suicide Prevention Task Force, TDMH's Division of Clinical Leadership (DCL) and DADAS provided technical assistance (TA) to the manager of the Suicide Prevention Program at Fort Campbell. This TA included sharing resources, informing the manager of scheduled events across the state, and cross-promotion efforts. At the close of FY11, the manager had access to more resources in Middle Tennessee and had the support of all Tennessee Suicide Prevention Network (TSPN) members.
- Hosted by TDMH and the Metro Public Health Department, the Suicide Prevention and the African American Faith Communities Conferences in Nashville, March 15, 2011, and in Murfreesboro, March 19, 2011, raised awareness about suicide among the African American faith communities and produced a number of positive outcomes. As a result of these conferences, a number of faith communities have developed suicide statements and prevention plans and activities. At the request of faith leaders in the Nashville and Clarksville communities, TDMH provided resource materials and coordinated multiple suicide prevention trainings, awareness presentations, and exhibits. Numerous faith leaders expressed interest in adding

mental health and suicide prevention activities to their scheduled programs/events. Lastly, many faith leaders made requests for repeat conferences again next year in both Nashville and Murfreesboro.

Promoting Consumer Involvement in Treatment & Recovery

- As part of its Real Choice Systems Change Person-centered Planning grant, TDMH trained facilitators to teach the Wellness Recovery Action Plan (WRAP) across the state. At the close of FY11, approximately 400 WRAP facilitators had been trained to teach WRAP classes and at least 6,000 people had completed their own WRAPs since 2007.

Public/Private Partnerships

- TDMH partnered with the Tennessee National Guard and the Tennessee Veterans Task Force to host the third Operation Immersion training on August 30 - September 1, 2010. The training is designed to immerse behavioral health providers in military culture and the deployment experience in an effort to help remove the barriers and apprehension soldiers often face when seeking help for mental health or substance use disorders. Participants stayed in the barracks, went through modified early morning physical training, chores and inspections, toured a C-130 and Black Hawk Helicopter, and ate ready to eat meals, just like those who are deployed to combat. Additionally, Traumatic Brain Injuries and Suicide Prevention trainings gave the participants a better understanding of the trauma that many service members experience, especially during combat.
- Tennessee's Creating Homes Initiative (CHI) combines state leadership, regional housing development/funding experts, and local partnerships to develop affordable, supportive homes for people with mental illness. In FY11, CHI created 513 housing opportunities, exceeding its goal of 500. Since 2000, over \$401 million has been leveraged, resulting in the development of over 9,800 housing units. People with a history of mental illness living in supportive housing have an average 84% reduction in the number of psychiatric hospitalization days compared to the year before entering supportive housing.

Evidence-Based Practices

TDMH promotes the use of evidence-based practices (EBPs) and provides best practice guidelines for adult and children's services. TDMH's annual EBP provider survey of 20 community mental health agencies (CMHAs) documented some increases in both the availability of EBPs and the number of priority population adults receiving services. The table below shows the number of CMHAs reporting availability of the EBP and the number served.

ADULT EBP	# Reporting Availability *	# SMI SERVED FY11
Supported Housing	12	1,044
Supported Employment	4	358
Assertive Community Treatment	2	224

Family Psycho-educational Services	4	902
Integrated Treatment for Persons with COD	9	8,846
Illness Management Recovery	11	2,220
Medication Management	5	13,645
TOTAL (DUPLICATED) RECEIVING AN EBP	N/A	27,239

*Based on 18 of 20 CMHAs responding to 2011 EBP Provider Survey

III. Adult — A report on the purpose for which the block grant monies for state FY were expended, the recipients of grant funds, and a description of activities funded by the grant

Expenditure of the 2011 Block Grant Allocation

Projected allocations in the 2011 Block Grant Plan were based on the 2010 Block Grant award of \$7,723,117. The final 2011 Block Grant award to the state of Tennessee was \$7,779,137. The total Block Grant award is allocated to be expended each fiscal year. Annual awards beginning each October 1 are generally not allocated to the community until the beginning of the state fiscal year the following July 1.

At least 95 percent of each year's total award is granted to community based programs in accordance with the expectations of the block grant. The remaining five percent is allocated to support administrative functions relative to the community mental health system and meetings and activities of the Planning and Policy Councils. TDMH utilizes its Block Grant funding for the provision of services designed to impact the adult priority population by promoting education, empowerment, participation in treatment and building a reliable community support system that emphasizes recovery and community reintegration.

Twenty three community agencies received federal mental health block grant funds to provide services to adults. Each contracted agency provided services in accordance with a specific contract, budget and scope.

After the submission of the 2011 Block Grant Plan, revisions were made on funding allocations; therefore, the planned allocations for services in the FY11 Block grant were revised. Some \$5,055,526 of Center for Mental Health Services (CMHS) Block Grant funding was expended for adult services in the following manner:

Assisted Living Housing \$ 208,637

Funds support six assisted housing projects that fill the gap in the continuum of housing available for adults with serious mental illness (SMI) who do not require the supervision of a Supportive Living Group Home, but do not yet possess the necessary skills for independent living. The programs consist of clustered apartment units, with one unit occupied by a live-in "assisted living specialist". The specialist is a consumer whose role is to serve as a mentor to and provide support for the other residents. A major goal of the program is to assist adults with a successful transition to independent living.

Community Targeted Transitional Support \$ 582,385

Community Targeted Transitional Services provides specific, temporary financial support to consumers to allow them to live independently in the community by providing funding for rental deposits, rental assistance, utility deposits, utility payments, eye care, and dental care.

Consumer Family Support / BRIDGES \$ 594,135

Funds are provided to the Tennessee Mental Health Consumers' Association (TMHCA) to support regional advocacy staff and on-going teaching of the Building Recovery of Individual Dreams and Goals through Education and Support (BRIDGES) psycho-educational program for mental health consumers. The mission of BRIDGES is to empower people who have mental health disorders to take an active and informed role in their treatment and to recover a new sense of purpose in life. BRIDGES is a self-help program that provides education and support to adults who have mental health disorders. There are two parts to the program: a set of courses on recovery taught by mental health consumers and support groups facilitated by mental health consumers.

Consumer Housing Specialists **\$ 236,592**

Located in targeted areas of Jackson, Memphis, Chattanooga and Nashville, consumer housing specialists gather and systematize information about the development and availability of housing for persons with mental illness and assist Dual Diagnosis Management Ascend in managing the Housing Within Reach website.

Inpatient Targeted Transitional Support **\$ 295,140**

The Targeted Transitional program assists persons awaiting discharge from an RMHI by enabling them to move into community settings with temporary transitional support. These are persons who otherwise would need to stay in the RMHI because they do not have the resources necessary to begin their life outside the institute.

Intensive Long Term Support **\$ 662,144**

Intensive long-term, wrap-around support services include psychiatric, nursing, case management and treatment services, designed to allow discharges of service recipients from Moccasin Bend Mental Health Institute (MBMHI) and to maintain the service recipients in the community in supportive living facilities. These services complement existing services funded by various departments of the state (case management, outpatient psychiatric services, mobile crisis services, peer support centers, etc), which have not been able sufficiently to meet the specialized needs of this population.

Regional Housing Facilitators **\$ 955,236**

Seven Regional Housing Facilitators convene task forces in each of the seven regions to bring community stakeholders to the table to discuss ways to increase and enhance available housing in their communities. They also provide technical assistance to local community partners to write grants, secure financial support from multiple funding streams, and coordinate the creation and improvement of housing units along a continuum of housing options ranging from 24/7 supervised supported living facilities to home ownership. They address and combat Not In My Backyard (NIMBY) issues that threaten the fair housing rights of persons with mental illness and co-occurring disorders residing in Tennessee neighborhoods.

Peer Support Center (PSC) **\$ 1,045,358**

A PSC is a place where persons who have received treatment for mental illness develop their own programs to supplement existing mental health services. PSCs provide opportunities for socialization and personal and educational enhancement, and are places in which members address issues such as social isolation and discrimination. PSCs offer recovery-based services and programs that promote the involvement of consumers in their own treatment and recovery and assist consumers in acquiring the necessary skills for the utilization of resources within the community. Programs at the PSCs include training for Peer Specialist certification and WRAP.

Targeted Transitional Support Forensic

\$ 475,899

Forensic Targeted Transitional Support providers "bridge" funds for aftercare services for service recipients returning to the community from the Regional Mental Health Institutes whose benefits will not resume until some time after discharge from the hospital. Many service recipients on a "forensic" legal status will have had their benefits discontinued because of their involvement with the criminal justice system. They are not eligible for benefits until they are discharged and need support while re-applying. Forensic Targeted Transitional Funds provided crucial support for the Forensic Census Reduction program.

Table III.A below shows the total number served during FY11 through program initiatives receiving full or partial block grant funding.

Table III.A

PROGRAM	CONSUMERS	FAMILY	OTHERS
Assisted Living Housing	49		
Community Targeted Transitional Support	2024		
Consumer Family Support (BRIDGES Curriculum Participants)	Waiting on Lisa		
Consumer Housing Specialist	890		*603
Inpatient Targeted Transitional Support	4304		
Intensive Long Term Support	44		
Peer Support Center (Average Monthly Attendance)	Waiting on Lisa		
Regional Housing Facilitators	228		
Targeted Transitional Support Forensic	43		
TOTAL SERVED:	Waiting on Lisa		*603

* Others refer to Service Providers or Case Managers

Table III.B details Block Grant allocations for adult services by agency and program.

Table III.B BLOCK GRANT ALLOCATIONS FOR ADULT SERVICES

[Click here to see Table III-B](#)

I. Child — Report summary of areas which the State identified in the prior FY's approved Plan as needing improvement

The narrative below discusses strategies implemented during FY11 to address areas of need identified in “Section II: Identification and Analysis of the Service System’s Strengths, Needs, and Priorities” of the 2011 Community Mental Health Services Block Grant Plan.

Expansion of services to create a comprehensive system of care

In October 2010, TDMH received a \$9 million grant from the Substance Abuse Mental Health Services Administration (SAMHSA) to implement a coordinated system of care (SOC) for young children in Middle Tennessee over the next six years called the Early Connections Network (ECN). The grant serves children in Cheatham, Dickson, Montgomery, Robertson, and Sumner counties, with a special focus on the children of military service members.

In addition to the ECN, TDMH oversees and administers three other federally-funded SOC initiatives currently in eight counties. Each grant provides funding and technical assistance to local communities to build and sustain systems of care for children and youth with serious emotional disturbance (SED) and their families that are family-driven, youth-guided, community-based, and culturally responsive.

In FY11, TDMH continued its partnerships with child-serving State departments, service providers, youth, families, and other stakeholders in developing comprehensive and coordinated SOC and the infrastructure to support and sustain effective and appropriate services for children and youth. TDMH also worked closely with the legislated Council on Children’s Mental Health (CCMH) in developing a strategic plan for statewide implementation of a comprehensive and coordinated SOC for children and youth with mental health needs.

Challenges continue in developing a true, statewide SOC model for the delivery of both integrated clinical services and child and family support services, expanding school-based services, and developing a full continuum of services designed around the needs of transition age youth. Another challenge is a lack of recognition of the value of systems of care for children and youth. One of TDMH’s FY12 block grant goals is to increase public awareness of SOC and its benefits through statewide outreach activities.

Children’s Inpatient Services and Crisis Stabilization Units (CSUs)

- In FY10, TDMH closed the remaining children and youth unit at the RMHIs due to under utilization. Children and youth who are in need of hospitalization are referred to private hospitals for treatment needs. In FY11, the Department worked closely with Youth Villages and private providers across the State to develop a mechanism to address the barriers and difficulties encountered in finding a provider in a timely way to serve children and youth in need of inpatient psychiatric hospitalization.
- In FY11, TDMH’s Crisis Services investigated funding sources for the provision of CSUs to serve children. After a review of the data and several discussions with the child and youth statewide crisis provider, TDMH determined that there is an inadequate volume of uninsured children and youth in need of this service to sustain operations. However, a specialized crisis response service is targeted to children and youth for individual and family

intervention. Crisis response services are available 24/7 in every county in Tennessee. In FY2011, 67% of face to face contacts resulted in diversion from an inpatient setting.

Emergency Respite

The FY11 budget leaves the department's funding in a vulnerable position. A significant amount of the community mental health services budget is not funded on a recurring basis. As the economy improves, TDMH will evaluate the need for an emergency respite program. In FY11, TDMH utilized block grant funds to provide two respite programs.

- The Planned Respite Services program provides respite services to families of children identified with SED, or dually diagnosed with SED and an intellectual disability (ID), who are ages two to 15. Respite consultants provide short-term respite and work with the family to identify long-range respite resources. Individualized family respite plans are developed with the family. The consultant enables families to develop community-based respite resources and utilize them effectively.
- The Respite Voucher Program assists families with the cost of respite services. Families must have children from birth to age 18 years who have a serious emotional disturbance or a developmental disability. Available statewide, excluding Shelby County which has the Memphis Respite Voucher Program, this respite subsidy program is run through the Tennessee Respite Coalition, a statewide respite networking advocacy body. Funding enables families who are eligible for this program to pay for respite services under policies and procedures developed by the Tennessee Respite Coalition.

Early intervention and family support services

Despite ongoing budget cuts, TDMH continues to promote the mental health of young children through a variety of grant programs focused on early screening, intervention, and referral services. TDMH also continues to support families through a number of family support services.

- RIP is a parent implemented program in which parents learn to work directly with their children up to age six who have moderate to severe behavioral disorders. Parents serve as primary teachers and behavior change agents for their child as well as daily operators of the overall program. Experienced RIP parents provide training and support to newly enrolled families.
- Project BASIC (Better Attitudes and Skills in Children) is a school-based mental health early intervention and prevention service that works with children from kindergarten through third grade. Goals are to enhance awareness and capacity for response of school personnel to the mental health needs of children and to reduce the incidence of adolescent and adult mental health problems. Children with SED are identified and referred for mental health services. Funds support BASIC programs at 47 elementary school locations.
- The Department funds Family Support & Advocacy, a comprehensive statewide family advocacy, outreach, support, and referral service by Tennessee Voices for Children as the "Statewide Family Support Network." An important function of this service is to assist families of children with SED and professionals working with these children to attain the skills needed to assure that family-driven and youth-guided services are provided.

- Family support (respite) is a critical element in maintaining family caregivers' health and mental health. Programs funded include planned respite and respite voucher services to families whose children have a SED and who are in need of temporary relief from their care giving of children with these special needs.
- A Certified Family Support Specialist is a person who has self-identified as the caregiver of a youth with an emotional, behavioral, or COD and who has successfully navigated the child serving systems to access the treatment and resources necessary to build resiliency and foster success in the home, school, and community. This individual undergoes training recognized by the Department on how to assist other caregivers in fostering resiliency in their child based on the principles of resiliency and recovery. By the end of FY11, TDMH had certified 11 Family Support Specialists since the inception of the Family Support Specialist Certification Program in FY09. Family support services, as provided by a Certified Family Support Specialist, can be reimbursed by Medicaid to mental health providers.

II. Child — Report summary of the most significant events that impacted the Tennessee mental health system in the previous FY

➤ *Government Organization and Legislation*

Unlike several other commissions, legislation extended the termination date of the Commission on Children and Youth from June 30, 2011 to June 30, 2015. This is significant because the Tennessee Commission on Children and Youth and the Tennessee Department of Mental Health (TDMH) co-chair the Council on Children's Mental Health (CCMH) which is fully engaged in planning for a statewide system of care (SOC) for children and youth. The goal of the State's system is for children with multi-system needs to be served in their homes and communities. State partners and community and family advocacy groups contribute to the work of the CCMH. Also in FY11, the CCMH established new workgroups to move towards SOC and completed its second report to the Legislature.

Grant Awards

- TDMH received a \$9 million grant from SAMHSA to implement a coordinated SOC for young children in Middle Tennessee over the next six years called the Early Connections Network: Fulfilling the Promise (ECN). The grant, which began October 1, 2010, serves children from birth to age five and their families in Cheatham, Dickson, Montgomery, Robertson, and Sumner counties, with a special focus on the children and families of military service members. A main goal of the grant is to establish a sustainable infrastructure that will reduce stigma and increase community awareness about the need for early intervention and prevention services and supports for this population. These five counties are near Fort Campbell army base located on the Tennessee/Kentucky line.
- In FY11, TDMH applied for its third Tennessee Lives Count (TLC) grant, and in FY12, learned that SAMHSA had awarded the Department more than \$1.4 million over three years to help reduce suicide and suicide attempts by Tennessee youth. The grant will be used to implement strategies that will increase the skills of individuals that work with high-risk youth to recognize the signs of suicide and to learn how to intervene to save lives. The TLC grant, which has been recognized for its effectiveness nationally, will also provide post crisis follow-up to youth seen in area emergency departments following a suicide attempt. This enhanced follow-up will assist youth in developing effective coping skills and improving resiliency.

Other Transformation Activities during FY11

Promoting Behavioral Health Screening and Early Intervention

- TDMH, in partnership with the Tennessee Administrative Office of the Courts, received a \$196,742 grant from the Bureau of Justice Assistance to implement the Tennessee Integrated Court Screening and Referral Project. This project promotes screening, assessment, and treatment service options to an underserved population. This evidence-based intervention pilot project addresses the mental health and substance abuse needs of children and youth who come into contact with the juvenile justice system in Tennessee.

At the start of FY11, youth service officers in 12 juvenile courts in 11 counties were trained to complete a juvenile justice screening version of the Child and Adolescent Needs and Strengths (CANS) survey. Screenings began in August, 2010, on juveniles referred to courts as unruly or delinquent. Any juvenile who is identified as having mental health or substance abuse service needs is then referred to locally available resources and services by the Department of Children's Services (DCS) juvenile court liaison. Between August 1, 2010, and June 30, 2011, 1,351 youth were screened. Data collection and analysis will begin in FY12.

Suicide Prevention Activities

- In FY11, the Governor of Tennessee appointed a Suicide Prevention Network Advisory Council to coordinate the implementation of the Tennessee Strategy for Suicide Prevention. The Department's Office of Children and Youth actively participated on the Advisory Council.
- Also in FY11, the Tennessee Suicide Prevention Network (TSPN) celebrated its 10th anniversary. TSPN is a statewide coalition of agencies, advocates, and consumers. The coalition oversees the implementation of strategies to eliminate or reduce the incidence of suicide across the life span, to reduce the stigma of seeking help, and to educate communities across the State about suicide prevention and effective intervention. The Department actively participates in TSPN and the Interdepartmental and Statewide Suicide Advisory Council, and maintains membership on the TSPN Strategies and Outcomes Committee.

Public/Private Partnerships

In FY11, TDMH continued its multiple public/private partnerships in the development of innovative, empirically-driven services for prevention, early intervention, suicide awareness, and treatment models specific to the mental health of children and youth and their families.

- TDMH partners with child-serving State departments, service providers, youth, families, and other stakeholders in developing comprehensive and coordinated systems of care and the infrastructure to support and sustain effective and appropriate services for children and youth.
- TDMH collaborates with the Department of Education, Coordinated School Health, the Center of Social and Emotional Foundations for Early Learning, and other related groups to increase awareness of the crucial importance of early identification and treatment of children and youth with mental health problems.
- The Department collaborates with DCS in monthly meetings on children in State custody with mental health issues and on children aging out of State custody.
- TDMH chairs the statewide Youth Transition Task Force and the statewide Mental Health/Juvenile Justice Workgroup.

Evidence Based Practices

TDMH promotes the use of evidence-based practices (EBPs) and provides best-practice guidelines for adult and children's services. An Evidence-Based Practice Handbook was

developed collaboratively as a provider resource for both mental health and addictions services. However, TDMH does not directly fund or contract for any of the SAMHSA-tracked EBPs.

TDMH's annual EBP survey of 20 community mental health agencies (CMHAs) documented some decreases in both the availability of EBPs and the number of priority population children receiving services. The table below shows the number of CMHAs reporting availability of the EBP and the number served.

CHILD/YOUTH EBP	# CMHAs Reporting Availability	# SED SERVED FY11
Therapeutic Foster Care (TFC)	N/A	15
Multi-Systemic Therapy (MST)*	2	715
Family Functional Therapy (FFT)*	1	76
TOTAL RECEIVING AN EBP		806

* Based on 18 of 20 CMHAs responding to 2011 EBP Provider Survey

The Department of Children's Services (DCS) contracts for TFC homes for children and youth with special mental health needs.

III. Child — A report on the purpose for which the block grant monies for State FY 2011 were expended, the recipients of grant funds, and a description of activities funded by the grant.

Expenditure of the 2011 Block Grant Allocation

The 2011 Block Grant projected allocations were based on the final 2010 award amount of \$7,723,117 for Tennessee. The final 2011 Block Grant award to the state of Tennessee was \$7,779,137. Ninety-five percent of the total award was granted to community based programs in accordance with the expectations of the block grant. Approximately five percent of the award supports administrative functions relative to the community mental health system and Mental Health Planning and Policy Councils' support and activities.

TDMH utilizes its Block Grant funding to provide community mental health services designed to promote education, prevention, and early intervention and build a reliable community support service system that emphasizes family education and support.

Thirteen community agencies received federal mental health block grant funds to provide these services. Each contracted agency provided services in accordance with a specific contract, budget and scope.

After the submission of the 2011 Block Grant Plan, revisions were made on funding allocation; therefore, the planned allocations for services in the FY11 Block grant were revised. Some \$2,810,246 of Center for Mental Health Services (CMHS) Block Grant funding was expended for children and youth services in the following manner:

Better Attitudes and Skills in Children (BASIC)

\$1,614,791

BASIC is a school-based mental health early intervention and prevention service that works with children from kindergarten through third grade. Goals are to enhance awareness and capacity for response of school personnel to the mental health needs of children and to reduce the incidence of adolescent and adult mental health problems. Children with SED are identified and referred for mental health services. Funds support BASIC programs at 47 elementary school locations.

Planned Respite Services

\$607,345

This program provides respite services to families of children identified with SED or dually diagnosed with SED and intellectual disability, who are ages two to fifteen. Respite consultants provide short-term respite and work with the family to identify long-range respite resources. Individualized family respite plans are developed with the family. The consultant enables families to develop community-based respite resources and utilize them effectively.

Regional Intervention Program (RIP)**\$392,400**

RIP is a parent implemented program in which parents learn to work directly with their children up to age six who have moderate to severe behavioral disorders. Parents serve as primary teachers and behavior change agents for their child as well as daily operators of the overall program. Experienced RIP parents provide training and support to newly enrolled families.

Respite Voucher Program**\$195,710**

This program assists families with the cost of respite services. Families must have children from birth to age 18 years who have a SED or a developmental disability. Available statewide, excluding Shelby County which has the Memphis Respite Voucher Program, this respite subsidy program is administered by the Tennessee Respite Coalition, a statewide respite networking advocacy body. Funding enables families who are eligible for this program to pay for respite services under policies and procedures developed by the Tennessee Respite Coalition. Regional respite entities manage referrals for this respite subsidy.

Table III.A below shows the total number served during FY11 through program initiatives receiving full or partial Block Grant funding.

Table III.A

PROGRAM	CHILDREN	FAMILY	STUDENTS	TEACHERS
*BASIC	0	0	13,000	0
Planned Respite Services	285	224	0	0
Regional Intervention Program	441	380	0	0
Respite Voucher Program	156	156	0	0
TOTAL SERVED	882	760	13,000	0

*Basic served 13,000 total children who were students

Table III.B on the following page details the 2011 Block Grant allocation for children and youth services by agency and program.

Table III.B 2011 BLOCK GRANT FUNDS ALLOCATED FOR C&Y SERVICES

Provider	BASIC	Regional Intervention Program	Planned Respite Services	Respite Voucher Program	Total
Carey	\$120,008	0	0	0	\$120,008
Centerstone of TN	\$253,976	\$100,000	\$56,267	0	\$410,243
Cherokee Health Sys	\$65,257	0	0	0	\$65,257
Fortwood	\$40,016	0	0	0	\$40,016
Frayser Millington	0	0	\$79,571	0	\$79,571
Frontier Health	\$318,191	0	\$81,112	0	\$399,303
Pathways TN	\$120,047	0	0	0	\$120,047
Professional Care Services	\$153,914	0	0	0	\$153,914
Quinco Comm MH	\$223,256	0	\$81,112	0	\$304,368
Ridgeview	\$40,016	0	\$81,112	0	\$121,128
TN Respite Coalition	0	0	0	\$195,710	\$195,710
University of Memphis	0	\$108,805	0	0	\$108,805
Volunteer BH Care System	\$280,110	\$183,595	\$228,171	0	\$691,876
Total C&Y	\$1,614,791	\$392,400	\$ 607,345	\$195,710	\$2,810,246
Total Adult					\$5,055,526
Total Both					\$7,865,772
Admin. 5%					\$373,288
*Total Allocation					\$8,239,060

*Total allocation exceeds amount of annual Block Grant Award